



☐ ORNGE Resp
☐ NIHB Resp -

MEDICAL EVACUATION INFORMATION FORM

Transfer Date:	Appointment Date:
First Name:	Last Name:
Origin of Patient:	Referring Physician:
Destination of Patient:	Receiving Physician or Facility:
Diagnosis:	
Birthdate:	10 digit Band Number:
Escort/s Medically Required: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name of Escort:	
What is Flight ID Number ?	
What is/are the Patient/Patients ID Number/Numbers?	
Time MD Called: _____	Time delay comments: _____ _____ _____ _____
Time MD Authorized Medevac: _____	
Time MATC Called: _____	
Time MATC Confirmed Transfer: _____	
ETA of Aircraft to your location: _____	

Notes:**FAX to SLZ NIHB at 807-737-8057****AND****AFTER HOURS FAX** to appropriate receiving community for lodging

SLKT 807-737-3722

Thunder Bay 807-623-8155

Winnipeg 204-231-5166